



Benton County Health Services Condensed Data Registration Form

Client demographics				Complete all fields			
Last name:				First:		Middle:	
Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> M to F	<input type="checkbox"/> F to M			
<input type="checkbox"/> Currently a client at Benton County Health Services							
Last name at birth:				Birth date: (month/date/year)			
Street address:				Social security number: (optional)			
Billing address: <i>(if different from your home address)</i>				Phone number: Cell ()		House: () Other: ()	
City:		State:		ZIP Code:		County:	
Preferred form of communication:			<input type="checkbox"/> Written (by U.S. Mail)		<input type="checkbox"/> MyChart		
<input type="checkbox"/> Home ph: ()			<input type="checkbox"/> Cell ph: ()		<input type="checkbox"/> Text ()		
Do you need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No				What is your primary language?			
Ethnicity:		Race:		Living status			
<input type="checkbox"/> 1 Hispanic		<input type="checkbox"/> 1 Asian		<input type="checkbox"/> 1 Living in shelter			
<input type="checkbox"/> 2 Non-Hispanic		<input type="checkbox"/> 2 Black		<input type="checkbox"/> 2 Transitional Housing			
<input type="checkbox"/> 3 Unknown		<input type="checkbox"/> 3 Alaskan Native		<input type="checkbox"/> 3 Living with others			
<input type="checkbox"/> 4 Patient Refused		<input type="checkbox"/> 4 American Indian		<input type="checkbox"/> 4 Street, camp, bridge			
<input type="checkbox"/> 5 Other_____		<input type="checkbox"/> 5 White		<input type="checkbox"/> 5 Currently not homeless, but was in last 12 mos.			
		<input type="checkbox"/> 6 Native Hawaiian		<input type="checkbox"/> 6 Homeless/ unknown shelter			
		<input type="checkbox"/> 7 Pacific Islander		<input type="checkbox"/> 7 At risk for homeless			
		<input type="checkbox"/> 8 Unknown		<input type="checkbox"/> 8 Not homeless			

Employment information:	
Have you or anyone else in your household worked on crops/harvesting in the last 24 months: <input type="checkbox"/> YES <input type="checkbox"/> NO	
If the answer is YES, how often:	
<input type="checkbox"/> Seasonal (I did not have to travel far and I could go home for the duration of the season)	
<input type="checkbox"/> Migrant (Yes I had to go away and stay away until the end of the season)	
<input type="checkbox"/> Neither (I work all year in the same place)	

Local emergency contact	
Name:	Relationship to Client:
Home Phone:	Cell. Phone:

Guarantor (person responsible for payment)			
Name:			Date of Birth:
Street address:		Home phone no.: ()	
City:	State:	ZIP Code:	County:
Monthly Income:		Number of Dependents: <i>(in household including self)</i>	Discount:
Do you have insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No			